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## REGISTRATION IN BRITISH COLUMBIA

By J. T. Scott, New Westminster, B,C.

For nearly three years Registration has been one of the chief questions occupying the minds of the Nurses of British Columbia, and in that time much has been done towards obtaining the desired legislation; indeed, so far as the Nurses are concerned, everything has been done that they can do and what remains undone is in the hands of the Legislature.

Though Registration is not an Accomplished Act, it is, nevertheless, at present an active principle among the Nurses of British Columbia. The interest and eagerness displayed by the Nurses has been splendid, each one has done what she could towards strengthening the hands and encouraging the officers who were elected to prepare the Bill and present it to Parliament. Everyone seemed to have a clear conception of just what Registration was going to accomplish for the nursing profession, and as a consequence for the doctors and the general public. The position of experienced Nurses is recognized and protected in the British Columbia Bill. It was the endeavor of the Bill Committee to make justice and unselfishness the keynote of the Registration Bill, and it was well done.

The propaganda and missionary work done by every Nurse of the Association was really wonderful; and anyone who has worked with the Nurses of British Coulmbia can comprehend the splendid enthusiasm and earnest spirit with which they inspired their officers, and which animated their own missionary work.

The opposition to Registration in British Columbia was at first very determined, but tact and intelligent comprehension on the part of the Nurses and their officers, the business-like, carefully-prepared Bill, which protected the interests of the Trained Nurse and her equally necessary sister, the experienced Nurse, disarmed the opposition and made friends of many who were unfriendly. There still remains a small opposition to be won over. "Patience and perseverance overcometh all things."

## REGISTRATION IN BRITISH COLUMBIA

By Helen Randal, Vancouver, B.C.

In taking up our task of Registration for Nurses, we were struck with the great need of doing something to protect the public from many so-called "Trained Nurses." They had had either correspondence, short, or special courses, or who had left hospitals after a few weeks or months as pupils. These women, trusting to our scattered population, small towns and lack of organization, claimed full training, attempted everything in the nursing line, and demanded full fees.

In this new country small hospitals are and will be, for many years, all that are needed in the smaller places, and are doing good work. In order to work no hardship on them and to help in standardizing the training, affiliation was arranged with the Vancouver General Hospital, which gives the pupils of small hospitals a year or less in the largest hospital in British Columbia. Then to help the public to get the best "practical" Nurses we have provided an opportunity for them to be registered, after an examination in practical nursing. Our Bill was carefully compiled after the committee had studied all the available Bills already in force in the States. As we only organized in September, 1912, we had to work hard to be ready for Parliament the following January. We were advised not to present it as there were a few minor changes to be made, and so it was withdrawn. Again, in January, 1914, it was brought up before the Bills Committee of the House. These men gave us a very courteous hearing, but advised us again to keep it back, as, in their judgment, it would be wisdom to do so. We were disappointed, but as each year brings our aims before a larger public, and no one has yet found any real objection to our Bill, we trust that this year may see it through and on the Statute Book of British Columbia.

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## REGISTRATION IN ALBERTA

By Eleanor McPhedran, Calgary

In Alberta the Registration of Nurses seems to be a subject of considerable importance—to the few. The profession has felt keenly the financial depression of the past year, and many who took an active interest in advancing the cause of Registration have left for more favored spots. The great difficulty with which we have to contend is the lack of interest shown by the "floating population." And while the West is in the making we all float more or less.

Our Bill is at present in process of drafting, and, I think, differs not materially from those of other provinces. Some of the main features which we are trying to include are: The standardization of training schools, the affiliation of smaller hospitals with larger institutions for a more complete training for student nurses, and the conduct

of examinations under the control of the Examining Board of the University of Alberta.

Owing to the aforesaid floating tendency, which affects even our officers, the Provincial Convention for 1914 has been postponed until the autumn, but as the Legislative Committee was given power to act, we hope to have the Bill brought before the Legislature at the coming session.

## STORY OF REGISTRATION IN SASKATCHEWAN

By Jean E. Browne, Regina

On March 17th, 1911, a mass meeting of the Graduate Nurses in Regina was held to discuss forming a Graduate Nurses' Association for Saskatchewan. The following week a second meeting was held, and officers were elected. From the time of organization this Association regarded Registration of graduate nurses in Saskatchewan as the prime object of its existence.

For some time the activity of the Association had its only channel in reading and discussing Bills of Registration planned out by other Graduate Nurses' Associations, and it was not until the following October, when Miss Mary Ard. MacKenzie gave a most enlightening address on Registration, that steps were taken towards framing a proposed Bill for Saskatchewan. At Miss MacKenzie's suggestion, the Association appointed Miss Grace Cooper, R.N., Superintendent of the Indian Head Hospital, and Miss Jean Browne, of Regina, to form a committee for the purpose of drawing up a proposed Bill. To Miss Cooper accrues the credit of this Bill, which was formally read by her at the First Annual Meeting, held in Regina in April, 1912. The Association decided unanimously that this proposed Bill was an excellent one.

For some time after this things were at a standstill, as the Regina Nurses felt they could not go on with this Bill without the support of the Nurses in Moose Jaw, Saskatoon, Prince Albert, and other towns having incorporated hospitals. As a matter of fact, too, the majority of private nurses in Regina seemed indifferent about it.

It was most opportune that in November, 1913, Miss Mary Ard. MacKenzie again came to Regina, and as a result new efforts have been put forth regarding this Bill. Some changes were made in it, and quite recently it has been handed over to an eminent lawyer in order that it may be correct in a legal way.

Copies are to be printed and sent out to the large Nursing centres in the Province. It is to be hoped that the Nurses in various parts of the Province will win over their respective Members of Parliament, so that when the Bill is introduced into the House in the fall there may be no opposition to it.

## SOME ADVANTAGES OF REGISTRATION

By R F. Ashcroft, Brandon, Man.

An important question among Manitoba nurses to-day is that of Registration. Many graduate nurses throughout the Province have forwarded their applications to the Registrar of the University of Manitoba, so that they may secure their R.N. degree with the least possible delay. Others who have graduated since the passing of the Act are preparing to go to Winnipeg in September and take the written examination. On the other hand, there are many who contend that they do not see wherein they will benefit by Registration, and who seem quite content to continue in their profession as they are.

The benefits of Registration will be many. Chief among these are: Protection to the nurse, and educational advantages. Following these will come Strength, Enthusiasm, and Success.

By becoming a member of the Provincial Association of Registered Nurses, the individual nurse will gain protection. Such an Association will aim for higher standards and ideals, and thus the whole profession will be placed upon a higher plane.

The Provincial Association will give educational advantages because through this organization the members will be enabled to keep in touch with advanced methods. Nurses from widely separated training schools will become members of the Association, and in meeting those who possibly have had better advantages in the nursing world, are stimulated to compete with them. The nurse who never mingles with her fellow workers will in time become narrow-minded and discouraged.

We can never get anything out of any organization unless we give our best to it. By becoming a Registered Nurse, and a member of the Manitoba Association of Registered Nurses, we will surely give of our strength and enthusiasm for the betterment of the profession. We will be helping in the formation of an organized nursing force, and that means more efficient service to the sick, as well as the uplifting of our profession.

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## THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA.

By E. M. Pemberton

The organization of this Association, as elsewhere, no doubt, has been the result of a combination of circumstances.

During the past decade the professional nurse of Nova Scotia had been handicapped by an unequal and unjust competition.

The American nurse graduated from some small special hospital or correspondence school of nursing; an English maternity nurse, with six months' training, or a discharged probationer of a local insti-

tution, might all enjoy the privileges of a central registry in Halifax, conducted on unofficial lines.

Nursing homes could be instituted and conducted by uncertified or untrained persons. There was no one to dispute their claims.

Graduate nurses were keenly aware of this menace to the public, injury to training schools, and detriment to the value of their diploma. But how to combat the evil was difficult to decide.

To make individual or personal accusation would create friction and prejudice—an unpopularity that a private nurse could ill afford.

An incident occurring at a Nova Scotian institution, to which the so-called "trained nurses" were frequently supplied, awoke the suspicions of the matron, Miss Pemberton. Her sympathy was enlisted, and she very willingly agreed to remain in Nova Scotia to render service to any organization which graduate nurses of the province might consider desirable. This led to the establishment, in 1908, of the Halifax Private Hospital "Restholm," under the superintendence of Miss Pemberton and Miss M. B. McKeil, a graduate of the Halifax Victoria General Hospital. "Restholm" has since maintained the offices of the Graduate Nurses' Association."

Superintendents of institutions throughout the province were communicated with, and co-operation and suggestions invited. From two hospitals only no response has yet been received (St. Joseph's, Glace Bay, and the Brooklands, Sydney, C.B.). In every other instance cordial encouragement was offered, and very valuable advice rendered by such veteran organizers as Miss G. Pope, R.R.C., matron of the Military Station Hospital, and Miss Violet Kirke, the persevering and progressive superintendent of the Victoria General Training School.

MRS. H. D. FORREST

**Honorary President Nova Scotia Graduate Nurses' Association. (Miss Frances Thomas, Graduate of Victoria General Hospital, Halifax, N.S.)**

A preliminary meeting was held in April, 1909, and in May the first regular monthly meeting of the association, at which the names of eight graduate nurses were enrolled, was held. Rules were adopted, an annual meeting date fixed, and general business transacted. Miss Kirke was elected secretary, and Miss Deacon (who shortly afterwards resigned in favor of Miss McKeil), treasurer. Miss Pemberton agreed to act as chairman until a Nova Scotian nurse of personality and popularity could be found to accept the presidency. The provincial vice-presidents elected were Miss Sheraton, superintendent of the Aberdeen Hospital, New Glasgow; Miss Sampson, matron of Mount Hope, Dartmouth (the second hospital for the insane in Canada to establish a training school for nurses); and Miss Kirkpatrick, of Windsor.

The present honorary president, Mrs. Forrest, wife of Dr. W. D. Forrest, and so popularly known formerly as Miss Thomas, a graduate and charge nurse of the Victoria General Hospital and superintendent of the local branch of the Victorian Order, was the first President elected, and the Association owes much to her tactful influence and cordial interest. Through the faithful and unwearying services of Miss Kirke and the courtesy of Mr. Kenny, Superintendent of the Victoria General Hospital, the annual meetings have been held always at the Nurses' Home, and many other benefits have been conferred.

The question of standard and of membership qualification, being an early difficulty, legal advice was solicited. The executive committee had the good fortune to obtain the services of Mr. McInnes, K.C., through whose invaluable administration and generosity an Act of Incorporation (April, 1910) was obtained and by-laws framed, which have been referred to as an ideal constitution—being broad enough to make provision for the admission of every graduate nurse in the province, by virtue of her qualification or by examination.

This constitution, together with the control of the register for private nurses, places Nova Scotia in the unique position of being almost entirely independent of State registration. Such is the brief history of this five-year-old association, organized in the face of prejudice and discouragement. The antagonism and disasters foretold have proved false prophecies. Since its earliest institution the association has had the loyal support of the medical profession, and the Provincial Medical Society has representation on the examination board and on the administration committee of the Nurses' Sick Benefit Fund.

The names of sixteen graduate nurses were published on the first list issued by the association register. The number has been increased this year to seventy, and the demand for private nurses still exceeds the supply.

Fees may be smaller and salaries less liberal than in other provinces, but there are many who count it a privilege to work in unison

with the generous and broad-minded nurses of Nova Scotia and New Brunswick. The harmony and good-will abounding are an appreciated blessing.

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## WHY NEW BRUNSWICK NEEDS REGISTRATION FOR NURSES

By M. D. Richards, R.N., Fredericton

New Brunswick needs registration for its nurses to protect them. Half of the nursing in New Brunswick to-day is done by untrained women, or women who have spent from three to six months or a year in some hospital or training school, and for incompetency, lack of education, or misconduct, have been dismissed.

We wish distinction just as much as the medical man does from the so called quack.

Registration cannot help being a benefit to all nurses. It tends to elevate the profession as well as the individual nurse. It is the one and only way the public can be protected in its rights.

People soon learn that R.N. stands for competency. Registration also tends to elevate the standard of our training schools by requiring a certain amount of preliminary education.

We want Registration that we may have co-operation. Through co-operation must come the strength, unity and power that will bring higher success.

We want co-operation that we may maintain a standard of ethics that is not measured by the dollars we earn; that we may attain higher ideals, and that our profession may be an ever-increasing power for good, a comfort and blessing to humanity, a credit to ourselves, and an honor to that high calling to which we have dedicated our lives.

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## REGISTRATION FOR NURSES

By Mary Ard. MacKenzie, R.N., Ottawa

When we begin to write on the above subject it seems almost like an unpardonable repetition. So much has been written, so much read, so much lectured on it, and still where are we? There is no doubt in our minds as to why we wish Registration: To distinguish the graduate nurse from the untrained or partially trained woman, and to establish a Standard Curriculum for our Nurse Training Schools. We know the length of the course we recommend—three years. We know what subjects should be taught and how. We, as logical beings, know that nursing affairs should be managed by nurses—that the Council should be composed of nurses. We are quite sure that as professional women we wish to be fair to all, and so should have it arranged that just treatment be meted out to the "Stranger within

our gates." We are perfectly sure about what fee should be charged for examination and registration, and yet only one province has its Bill, and how satisfactory is that Bill?

Now, let us for one moment tell you a secret—Registration at its best is merely a bolstering up of a system which is radically wrong, and no satisfactory plan can be evolved until the training of our nurses is put on a sound, educative basis. The training of the nurse at the present time is merely a means of procuring cheap nursing in the hospitals.

The education of the nurse should be provided for in our Provincial educational systems—and that implies registration. Every woman who wishes, and who has the ability, should be able to procure training in every branch of nursing. After all these years, and after all the flowery speeches that have been made in public about us and our "noble profession," there is not a place from the extreme East to the extreme West of this wonderful country, nor yet up North in the Yukon, the Cariboo, nor at the North Pole, where a woman can receive a real training in Hospital Administration, or in the teaching of nurses! And what about Social Service, Sanitary Inspection, and so on?

Now, let us pause and think for one moment of what the trained nurse might have been had her training been arranged on proper educative lines at the beginning. And, though this "might have been" is the "saddest of all words," as the poet tells us, let us take that one retrospect, and then with "not a look behind" press on and say with the whole force of our nature—this must cease, we must and will have a truly educative course arranged for the women who wish to train as nurses. Nurses and only nurses can bring this about, and we who love our profession should see to it that such courses are offered, that the very best women will be drawn to the profession, and properly trained women will be available for all branches of the service. Then the sick, the unfortunate, the poor, the needy, and the broken will be cared for in a far better way than they are now. Let us be perfectly honest: We are not satisfied with the service which is being given by nurses. We know there is a great deal of room for improvement: it is all in our hands—ours is the woman's profession. Should we not be seeing to it that our house is being put in order? When that educative course is arranged, when each nurse has her certificate registered in the Educational Department, what need for further registration? Registration on those lines is what is needed, and what we should strive to secure.

Meantime—and let us hope that "meantime" will be very short—Bills of Registration will do something, but it must be remembered that all such means are merely of temporary benefit.

## ARMY NURSING.

A special meeting of the Ottawa Graduate Nurses' Association was held at the club rooms on Saturday evening, August 8th. The President, Miss Grace Moore, presided, and introduced Colonel Jones, Director-General of Army Medical Services, who gave an address on "Army Nursing," explaining the role of nurses in connection with army work. "Active service work," he stated, "is extremely severe. A very large proportion of regular nurses are totally unfit, physically and mentally, for it." In explaining the position of the medical corps on the field, the colonel said that the trained medical officers are first in line behind the fighting troops, at a distance of perhaps two miles, and they give first aid. Here the field ambulances are used and there are no female nurses. Just behind the ambulance is the first hospital, known as the clearing hospital, and representing one of the units. This takes in as many as 200 patients, but there are no female nurses and there are no beds. The stationary hospital is next with 250 beds. Here there are nurses and modern hospital equipment—one matron and sixteen nurses representing two units. The next hospital in line has accommodation for 500 beds, and that number is often increased to as many more. This hospital will have one matron and 72 nurses. Then there is the hospital ship, which has one matron and 8 nurses. Lastly, there is the ambulance train, which will probably have two nurses. One hundred and thirty-six (136) nurses, the colonel said, will be taken with the first contingent, and of course the nurses of the army medical corps will be given first choice. In Canada there are two training schools for army medical nurses, one at Halifax, the other at Kingston. In connectionn with the Canadian militia there are (90) ninety nurses. They go to camp with the regulars and thus get a practical training in field work. These nurses on graduating receive the title of lieutenant, and are the only nurses in the world to receive this honor. The permanent service nurse, of whom there are six in Canada, receives a salary of $1,219 per annum, the matron receiving $1,439. An active service nurse is paid $2 per day and an army allowance. The first qualification for an army service nurse is physical fitness, that she be under 38 years of age, and that she be a graduate in good standing of a Canadian training school. The Red Cross renders aid to the nurses, but they are not necessarily trained nurses.

It was expected that Miss McDonald, the head of the Kingston Training School, would have been present, but she was unable to reach the city in time.

Miss Charleson, Head Nurse of the Private Pavilion, Toronto General Hospital, who had been sent to Ottawa to secure information from Headquarters, was present.

A vote of thanks to Colonel Jones was moved by Miss Grant and

seconded by Miss MacKenzie. The attendance was very large, showing the keen interest being taken in the movement.

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## CHILD WELFARE.

Madam President and Teachers,—

It is a privilege to be able to speak to you this morning on Child Welfare work. We look upon the teachers as a body of women who are doing a very great work for humanity.

"The most important of all the nations' resources is the health of the people."

The most valuable asset in this capital of national vitality is the health of the children."

"The public school is the most effective agency of the nation for the conservation of child health, and in the long run the school will become the most influential factor in the conservation of national health as a whole."

In the past the schools, even under the most favorable circumstances, have been, to some degree at least, directly dangerous to the health of the children.

The problems which have arisen out of the great health movement of the present day are many and varied.

Many of the most important of these are related directly and indirectly to the work of public education, in which the teacher, and the nurse possibly, take first place. We make a fairly good team.

The introduction of the graduate nurse into public education has been rapid and almost dramatic.

If we wish to inculcate in the child practical motives and habits of healthful living, and to provide instruction adequate for the present and future needs of the pupil in relation to conduct affecting the health of the individual, the home, the community and the nation, we must begin teaching him in the public schools.

While most of the practical care of the baby relates to his physical life and needs, yet the mental and moral education of the child begins from the time of birth.

The most important part of education, in some respects, occurs before the child is old enough to enter kindergarten or school.

The girl of to-day is the wife and mother of to-morrow, and should be taught the physical, intellectual and moral beginnings of child development.

"The saving of life and the preservation of health offers greater value to Canada than can be gained in any other way.

"Governments must conserve the health of the babies and children, if they are looking to the future of Canada."

Child Welfare means happiness, success, and the greatest of all blessings, perfect health; no child can be happy if not healthy.

Upon the training of the children now rests the future (whether for weal or woe) of our nation.

There are a great many phases of Child Welfare: Pre-natal care, care of the young infant, and the "run-about."

The proper way of bathing, dressing and feeding. As the child grows older his wants increase, and let us hope the means for healthful amusements, as well as educational advantages, are provided, if not by the parents, by the State.

Dr. Helen MacMurchy says: "We are only beginning to think scientifically of the problem of infant mortality; the significance of lactation and maternal feeding."

In New York City, 42 out of every 100 children died before reaching the age of 2 years. These children were in institutions.

We see how very necessary it is that all children should be breast-fed, if possible, for the first nine months.

Should any of you be called upon to render first aid to the new-born babe and the mother, as soon as the child is born wash out the mouth and eyes with a boracic solution (one teaspoon to about three-quarters of a cup of water). When the cord has ceased pulsating, tie firmly with white thread or tape about two inches from the child's abdomen, sever with a pair of blunt scissors, place the child on his right side in a warm receiving blanket, and lay him in his crib or basket.

We now turn our attention to the mother. The placenta should be expelled in about 20 or 30 minutes, after which wash the mother, using warm sterilized water with lysol as a disinfectant; make her clean, dry, warm, and let her rest.

Now comes (possibly the future Prime Minister) the baby. He must be bathed and dressed in a warm, draughtless room. First give him a little rub with olive oil or vaseline. Should neither be available, a little clean lard will do.

Warm water with a little castile soap. We shall soon see how this work is done.

(Miss Murrey bathed and dressed a real live baby.)

The cord is dressed usually with boracic sal. and alcohol. Cut a hole in the centre of a piece of sterilized gauze, slip the cord through and cover with clean gauze or absorbent. Then put on the binder and other clothing.

Feeding: The infant may be put to the breast not later than six hours after birth. Note the time when the nursing commences and stops. No infant should nurse longer than twenty minutes. If an infant nurses thirty or forty minutes then we may be sure the breast milk is deficient in quantity. A specimen should at once be submitted for a proper chemical examination.

When there is a deficiency in the quantity of breast milk, but the quality is good, it is advisable to feed the infant alternately with breast milk and bottle milk. At the same time it is advisable to direct attention to the mother's general condition. She (the mother), may be anaemic, but fresh air with moderate exercise will stimulate and increase the flow of milk.

"Every drop of breast milk is so precious that no infant should be deprived of it."

The diet of the mother who is nursing should be nutritious and easily digested—milk, eggs, cream, cheese, nuts, gruel and meat once a day, with fresh vegetables.

When artificial feeding has to be resorted to, flour ball feeding is highly recommended.

Plain wheat flour is boiled in a bag for five hours, then baked in an oven until perfectly hard and dry. After cooling it is broken open, the rind rejected and the remainder grated into a powder.

Feeding: Scalded milk, half a pint; sterilized water, one pint; grated flour ball, one heaping teaspoonful.

The milk is placed on the fire and heated, the flour rubbed into a paste with the water and added to the milk. This is brought to boiling point, taken from the fire and set aside to cool. Then place on ice, and finally add enough raw milk to make two pints in all.

For a child one month old, two ounces is given every two hours during the day and every four hours at night, say at 10, 2 and 6. Increase half an ounce every month.

For a child six months old use the following: Flour ball, one teaspoonful; rice water, 4 ounces; raw milk, 4 ounces; granulated sugar, one teaspoonful.

Rub up the flour ball with a little rice water and gradually add the full quantity. Add the sugar and lastly the raw milk. Heat to a temperature of 150 Fah. for two or three minutes. Should the child appear hungry after the bottle, the milk may be increased and the rice water decreased gradually one ounce at a time until full milk is given.

The guide for increasing the food should be a yellowish, pasty condition of the stool, the increase in weight and the absence of colic.

It is unwise, however, to set down any hard and fast rules for feeding an infant. The food that suits one baby splendidly will not do for another at all.

And now, ladies, we come to the finish. Florence Nightingale once said: "What is slow in more senses than one is the 'eternal lecturing.'" The only words that stick are the words that follow work. The point is not, are the people interested in the lecture (or talk), but did they practice the lecture in their homes afterwards?

I trust you may all some day become happy wives and good mothers, and let us hope you may not need to make flour balls to feed your babies.

ANNIE ANDREWS.

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## MASSAGE.*

By Miss Turner, McKellar Hospital, Fort William

The term "massage" is taken from the French and means to knead. Massage is the scientific manual application of certain movements, such as light stroking, technically spoken of as "effleurage," deep kneading as "pettrisage," and stimulating movements, these applied to the human body relieve morbid conditions of the tissues. The beneficial results of such manipulations were well known to the inhabitants of Eastern countries, and ancient documents testify to the fact that massage was practised there many years before the birth of Christ. We read that at the commencement of the Christian era, as well as antecedent to that time, celebrated Greek and Roman physicians prescribed the treatment for their patients, and that Plato classified the movements as being either active or passive. Massage is known to have been employed on the Continent for some centuries, but its practice in England dates only from the beginning of 1800. The present system owes much to Professors Ling, Meyyer, Amsterdam, Von Mosengeil, Klein and others. Professor Ling was a native of Sweden. He lived from 1776 to 1839, and it was he who elaborated the Swedish medical gymnastic system and introduced it in Stockholm in the year 1813. The writers, amongst others, who have contributed largely to our scientific and practical knowledge of massage are Drs. Weir, Mitchell, Playfair, Eccles, Ostrom, Murell. In a preface of Dr. Stretch Donse's latest book, he says: "This book has now reached the sixth edition; the author therefore concludes that these lectures have a justifiable place in the medical literature of this country. Since their first publication a great and increasing change has become evident relative to the value of massage as a remedial agent. It now forms part of the armentarium of every hospital in the world. Every person engaged in the application of massage and electricity should not only be certified but registered by the state." Other interesting books for those wishing to extend their knowledge of the subject are by Doctors Klein, Bennett and Graham Douglas.

The practice of massage should only be undertaken by educated persons who, both by nature and training, are qualified for the work. The natural qualifications are: Health, soft, dry, well covered pliable hands, a sympathetic touch. There is a very great deal in touch, as you know, and some women are born masseuses as others might be born

*Address to the Graduate Nurses' Association of Thunder Bay District.

musicians; it is interesting to note, in a number of students learning massage, the difference in the type of hands and how they go about it, all are awkward at first, but one soon knows who is gifted for this class of work. Trustworthiness, refinement, kindliness and tact are great essentials. One learns from experience, so very much depends upon the personality of the masseuse as to her success. The many highly sensitive, highly strung patients one has to deal with call for great care and knowledge; for your patients to feel that they can absolutely rely upon you gives them great comfort and brings happiness to the masseuse. The training should include thorough instruction in elementary anatomy and physiology, theory of massage, practical massage, remedial exercises, electrical currents and bandaging.

Massage, like other professional work, has been abused, consequently some years ago it was decided and passed to have a registered certificate. A council was formed, called the incorporated society of trained masseuses, in London, England, and they hold examinations twice each year. There are three to attend, namely, the written, which is morning and evening of one day. The questions for this may be—describe the spinal column, the knee joint and muscles that go to make up this joint; describe a certain plexus of nerves; Weir Mitchell treatment; how would you treat for constipation, also treatment for spinal curvature, including exercises; professional attitude of masseuse to medical man. Then there is the viva voce, which only lasts about ten minutes, in which you have a large number of questions to answer. There is a skeleton and you may have to fill the cavity, etc., put on muscles, giving their origin, and insertion. There will be bones to describe, and a model for the examiner to ask any questions such as nerve tracing, flexion, extensions, etc. Then there is the much-dreaded practical; first room, allowing a half hour, general massage, with questions such as—what muscles are for working, or how? Why do you do that movement? Great notice is taken as to how you go about your work, and a good manager makes a lot of difference to your number of marks. Then there are the special rooms, first, perhaps, for spinal curvature, which is of course difficult work and one that must be thoroughly understood; then probably fractures. You must get a certain number of marks to pass, and it is a few weeks before you hear the result or get your certificate. This, as you see, insures to the general public good work for which good fees are demanded, also the medical men know if masseuses are incorporated you are to be trusted and your work is of the best. Before you are entertained for examination you have to fill in the necessary forms—who is preparing you, if a private college or a hospital, and many other things, also two private references outside the hospital world.

I have dwelt on the training of the masseuse somewhat at length, but mainly to point out the high standard that massage has reached. All the large general hospitals have a massage sister. The work is arduous; nurses train in this branch of work, with thirty to forty cases each day, and more often than not the electrical department, and there is always a large number of out-patients under treatment.

The best way for a nurse to train in massage would be in a special hospital, where there is every opportunity for her to have a thorough training in all kinds of nervous diseases, in electricity, in every detail, Nauheim treatment and many other things which prove invaluable. She will have to work very hard for a year; very little money is given and there are many expenses, but she reaps the value later on. There are numbers of masseuses with small certificates going about with a very limited knowledge of the work. Abdominal cases you, as nurses know, must have experienced handling and I have had most interesting cases and been able to do a lot of good work in this line. In cases of paralysis, especially anterior polio myelitis, galvanic or faradic currents nearly always have to be given, in myelitis most carefully as to strength and duration. Medical exercises form a very important part of the work, especially in spinal curvature, and one must quite understand the physician's diagnosis as to whether it is right or left curvature, and carry them out accordingly. A gifted masseuse is undoubtedly a great help to any specialist or doctor; the great thing is to have instructions carried out intelligently and efficiently, by working together on the cases.

First of all there is general massage, that is massage of the body and limbs, taking an hour, forming an important part of Weir-Mitchell treatment. Massage is given according to the condition of the patient. It may be for nervous breakdown, with light treatment at first, increasing each day. The patient should have as much good, nourishing food as he can take, the object being to build up the nerve tissues that have become so wasted. I have seen some splendid results from rest cure, having been a resident masseuse in a Weir-Mitchell nursing home in the Isle of Wight. Some of the specials are: Fractures, massage ordered according to state of limb, sometimes on the second day, or it might be after a week or ten days, it relieves the spasm and swelling, passes on the diffused blood causing discoloration, the very careful exercises prevent adhesions and shortening of the limb, and the patient is about sooner. Sprains are greatly benefited, which is easily understood, after my latter remarks. In spinal curvature, with special exercises, according to the severity of the case, the new creeping movements by Dr. Kel-

lett Smith are excellent, and massage to strengthen the back muscles. In acute heart cases, massage is ordered to relieve the swelling and discoloration of limbs, also the distention of the abdomen caused by inactivity and obesity, with very gradual exercises, the pulse being taken frequently. The Nauheim treatment and the Schott exercises are being given now for heart cases with marked results. In constipation, due to a weakened condition of the abdominal muscles, with a loss of peristaltic action, thoroughly good deep massage is prescribed to make muscle and strengthen it, and to renew vitality and encourage peristaltic action. The lumbar region is massed and stimulating movements given with exercises. Massage is given abdominally for many things, after operations and confinements, in colitis, after saline injections have been discontinued, sometimes before, in diarrhoea, and for dyspepsia, with deep breathing exercises.

For flat foot, where the muscles of the inner arch have dropped, the treatment is massage, with stimulating movements and special exercises to contract and strengthen the over-relaxed muscles. The value of a knowledge of anatomy shows itself here. The flexors are weakened and the peroneui muscles are contracted, consequently the work rests upon strengthening the weakened muscles and stretching the contracted.

Sciatica, as we all know, is exceedingly painful. Radiant heat is most effective for this in the acute inflammatory state and nerve stretching, a little later on, massage. There is usually nerve contraction, and massage and exercises will relieve this. Neuritis would be treated very similarly. Synovitis is treated successfully, also all kinds of paralysis, with electrical currents, and also writers' cramp, loss of power of the arm and hand muscles through overwork causing extreme pain. In insomnia, this treatment, given last thing at night, generally assures the patient a considerable amount of sleep. Massage is also useful in cases of stiff and contracted joints caused by rheumatism, in torticollis, or wry neck, congested liver, and many other affections.

You will agree with me when I say that there is much in the training of the certified masseuse, and that the work, well carried out, is deserving of the high standard it has now reached.

The lecture was made still more instructive by illustrations, which were passed around, showing appliances for "radiant heat," and other therapeutical installations used in cases of rheumatism, gout, sciatica and other diseases, and showing also the new "high creeping exercises," introduced by Dr. Kellett Smith, for lateral spinal curvature.

# Editorial

## THE CALL TO BE READY.

When war seemed inevitable, but before Great Britain had declared war, the Canadian National Association of Trained Nurses, through its President, Miss Wright, New Westminster, B.C., and its Secretary, Miss Gunn, Toronto General Hospital, offered its services in case of need. Sir Robert Borden wired his appreciation and thanks. Lieutenant-Colonel Jones, Director-General of the Canadian Royal Army Medical Corps, who was also communicated with, sent the Secretary all necessary instructions.

Miss Gunn immediately set to work to get the nurses enrolled. Every Provincial Association was notified of the action of the National, and in a very short time a large number of requests for enrollment were received.

There are seven Militia Headquarters in Canada. Halifax is the Headquarters for the Maritime Provinces; London, Toronto and Kingston, for Ontario; Montreal, for Quebec; Winnipeg, for Manitoba, Saskatchewan and Northern Ontario, and Esquimalt for British Columbia and Alberta. At each of these Headquarters a member of the National Association is busy enrolling the nurses of the district—Miss Kirke, Victoria General Hospital, at Halifax; Miss Hersey, Royal Victoria Hospital, at Montreal; Miss Donihee, Hotel Dieu, at Kingston; Miss Gunn, Toronto General Hospital, at Toronto; Miss Stanley, Victoria Hospital, at London; Mrs. W. J. Hill, at Winnipeg, and Miss Wright, at Esquimalt. Miss Grace Moore, Ottawa, is assisting Miss Donihee. The Provincial Associations are rendering all possible aid. In each Province the Provincial Association vouches for the applicants from that Province.

The response has been good, a great number of names being on file awaiting application forms. As soon as these forms are sent to each Headquarters from Ottawa, they are forwarded to the applicants. Each applicant fills in the form, gets the required certificates, and returns the form to the Nurse-in-charge at Headquarters. The applications are all forwarded to Lieut.-Col. Jones, at the Militia Headquarters, Ottawa, who selects those who are to be called to service. The Nurse-in-charge at each Headquarters sends a list of the applicants each day to Miss Gunn, the Secretary of the National Association. In this way the National Association knows definitely how the work is progressing.

The nurses of Canada have demonstrated their patriotism by enlisting in large numbers, and the National Association is deeply grateful for such a hearty response to its call.

## THE CONVENTION AT HALIFAX.

The fourth annual meeting of the Canadian National Association of Trained Nurses, held in Halifax, N.S., on July 10th and 11th, 1914, was the most representative meeting in the history of the Association. There were delegates present from every Province but one in Canada, and a delegate from St. John's, Newfoundland.

That the nurses of Canada are beginning to realize their privileges as members of the National Association and also their responsibilities to that organization, was apparent in the keen interest taken in all the questions that came up for discussion. The result of these discussions should be a still more keen interest next year, for when the delegates report to their respective associations, the nurses of Canada will have a clearer idea of the problems that confront the profession, and will doubtless be enthused to help in their solution.

The Association decided to take advantage of the proposal of the editor of "The Woman's Century" and become responsible for the material for a department of nursing in that magazine. This is fitting and right, for "The Woman's Century" is a national magazine devoted to work for women by women, and the nurses are anxious to take their place with the other women of Canada in promoting the general welfare.

The new executive was empowered to appoint a committee to arrange plans for taking over The Canadian Nurse. The Association at present has no funds for this undertaking. It therefore devolves upon the associations forming the membership of the National to furnish the means that will make this step possible in the near future.

Canada's share in the Nurses' International Memorial to Florence Nightingale also came up for discussion. Every Association of Nurses in Canada, indeed, every individual nurse, should esteem it a privilege to help in the establishment of this memorial. The president of the National Association will announce her plans next month.

As we hope to publish a complete report in a later number we will not anticipate further, but we do hope all nurses will read the report with attention, note the work done, and then seriously set to work to help further the aims of the National Association and so make possible the realization of its ideals.

A report of the eighth annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses will appear in the October number.

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## THE HOSPITAL SHIP.

The women of Canada have set themselves to raise the money to equip a Hospital Ship for the use of the British Admiralty in the present war. The time set was limited, but the women everywhere are

working with a will, and more than the required amount ($100,000) will doubtless be raised.

The nurses are taking their place in this work and are sending generous sums to the treasurer of the fund. We are not in a position to give definite information as to the amounts contributed by the nurses in the different centres, but we are sure all are bearing their share. The nurses—graduates and pupils—of Toronto, handed over twelve hundred dollars to the Treasurer, and they are to add to this. We are satisfied that the nurses in other centres can give a good account of themselves, too.

"That I may be of service" is the nurses' motto, and they are ever ready to live up to it no matter in what form the call comes.

If the Hospital Ship should not be needed, the fund is to be devoted to caring for the sick and wounded in a military or naval hospital on land.

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## THE JANE A. DELANO PRIZE COMPETITION.

There is a special form of "notification of shipment" to be filled out by those taking part in the Jane A. Delano Prize Competition. These forms may be obtained from the Chairman of Arrangements Committee, Panama Exposition, San Francisco. The terms of the competition appeared in the August issue. We hope that Canadian nurses will consider this competition and send their inventions for exhibition. They may not all obtain prizes, but all will help to add interest to the exhibit.

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## REGISTRATION FOR NURSES.

The story of Registration as told in this number shows that the nurses of Canada are realizing the need for Registration and are setting themselves more earnestly and unitedly than ever before to secure it.

Only one Province—Manitoba—has an Act of Registration. As the Act appeared in The Canadian Nurse in June, 1913, page 370, we have not reproduced it in this number. A paper dealing with the whole subject, and giving results so far realized, was read at the convention in Halifax. This will appear in the report of the Canadian National Association of Trained Nurses in a later issue.

There is much yet to be accomplished, but the nurses of Canada are developing a professional spirit and realizing more and more that "United we succeed," and it may not be long before we publish other Acts of Registration even better than the one already in force.

# The Guild of Saint Barnabas

## CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
*District Chaplain*—Rev. Arthur French, 158 Mance Street.
*District Superior*—Miss Stikeman, 216 Drummond Street.
*District Secretary*—Miss M. Young, 36 Sherbrooke Street.
*District Treasurer*—Miss F. M. Shaw, 21 Sherbrooke Street.

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"We have been thinking very much of two of our members this month, Alice and Mary Riddell. Alice, who was for over seven years nurse on the 'Empress of Ireland,' went down with the ship. A splendid character as nurse, and a faithful member of the Guild. Through the nature of her work not able to attend many meetings, but always a true and firm friend, doing kindly actions that will never be heard of. She always wore her Guild medal, which was found on her body, and has been returned to her sister. What her fellow-passengers thought of her was shown in a small measure by the beautiful anchor sent on the day of the funeral, with only the words, "For Nurse Riddell —from the survivors." She has gone before, leaving us an example we shall do well to try to follow. Our deep sympathy is with her sister Mary, who was expecting her back so soon in her usual health and strength. It was a comfort to her to know that Alice was remembered at the celebrations in London and at St. Margaret's, on St. Barnabas Day. M.P."—*Misercordia.*

## THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

**(Incorporated 1908)**

First Vice-Pres., Mrs. W. S. Tilley, 157 William St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hosp., Toronto; Mrs. MacConnell, 514 Brunswick Ave., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Mrs. I. P. MacConnell, 514 Brunswick Ave., Toronto.

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A special meeting of the Executive was called for Friday, August 7th, to consider changes in the By-Laws to meet the needs of the Chapters. Copies of the proposed changes will be mailed to all members. A large number of applications for membership were received and accepted. The Annual Meeting will be held on Thursday, September 17th. This will enable those who wish, to attend the meetings of the Canadian Association of Charities and Corrections, on Wednesday and Friday.

Delegates please attend: Purchase single fare railway tickets to Toronto, and ask for convention certificate. It will then be possible, by registering with the Canadian Conference of Charities and Corrections, to secure reduced return fare.

**THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.**

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

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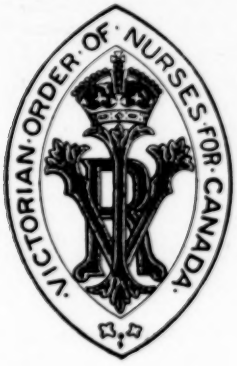
## GOOD CHEER

Out of the soil,—
  The lily;
Out of the ooze,—
  The pearl!
Up from the mortal
  Soars the immortal;
After hell's battle
  White flags unfurl!

God's here in His world,
  And the cross stands for human redeeming.
Far o'er the sad earth
  Heaven's radiance forever is streaming.
Therefore, my soul, be true
  And undaunted;
Never by ghosts of old fears
  Be thou haunted!

Right is right—and not might.
Truth is truth;—and not sneers.
Love is love;—dry the tears.
God is God;—face the light!

—Wayfarer.




One of the most important problems in the public health campaign is found in our rural districts. The importance of this branch has been emphasized by the Victorian Order of Nurses for some years, and, through their Country District Nursing Scheme, they feel that they can do much. The scheme has been outlined many times in this section, so it need not be repeated again. But I wish to draw attention to several important facts in this connection.

Not every nurse is fitted for country work, and here, as in no other branch of nursing, to the same extent, is it imperative that the nurse love this work and throw her whole self into it, for only to such do the wonderful possibilities of the work unfold themselves. The nurse goes to the community not only as a curative agent, but as a preventive agent, an educator, a comforter, and, best of all, a friend. She it is who is with the people in the great crises of their lives, and she is nearer to them than any other person. That in itself is a consecration. She knows the people in their homes, the children in the schools. She sees what they lack, in what way they may be benefited, and gradually, after she has studied the community, "felt its pulse," as it were, she will arrange a mothers' meeting, where the mothers will bring the babies, and there will be a simple talk on the care of babies, the feeding of them, the bathing and dressing, and so on—a talk not too didactic, illustrated by little stories from life; then general discussion, a social time over a cup of tea, and then home. Or, she will gather the girls of the district together and give them simple talks on anatomy, physiology, hygiene, home nursing, and the care of baby. Sometimes she can arrange physical culture classes, sometimes cooking classes and other classes in domestic science.

What she must do is see what is needed and then work out the best plan to secure that. For that purpose, she should use all the local

agents and agencies she can and press into service all those who have had special training or advantages in any line required. In many of our country districts we have graduates from domestic science schools, those who have had good courses in physical culture, those with musical ability, etc., all of whom would be glad to be used and would certainly be invaluable in this kind of work.

So, who we must have for our country nursing are women of broad culture, of broad sympathies, filled with a love of humanity, well-trained and skilful in their profession, and able to impart their knowledge to others.

Put a woman like that into a district and the results are good to behold: put in one with no initiative—and I need not say what happens!

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The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

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## THE CANADIAN PUBLIC HEALTH ASSOCIATION.

The fourth annual Congress of the Canadian Public Health Association will be held in Fort William and Port Arthur on September 10, 11, 12, 1914. The programme is most comprehensive. No phase of public health or welfare work has been overlooked. The Convention will yield a fund of information to those workers who are privileged to attend. All nurses who can possibly arrange to be present will find themselves amply repaid. A thorough knowledge of public health matters is no mean equipment in these days, therefore do not miss this opportunity to learn.

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## COURSE FOR SOCIAL WORKERS.

The provisional prospectus of the courses of training for social workers organized by the University of Toronto will be interesting to those who desire instruction in this special department of welfare work. The course is arranged to suit the workers in the different branches, and should prove very valuable. There will doubtless be many who will gladly avail themselves of this opportunity for instruction.

## HOSPITALS AND NURSES.

### British Columbia.

At the Teachers' Summer Course in Victoria, Miss Andrews gave an interesting paper on "Child Welfare," which appears on another page, and Miss Murrey demonstrated washing and dressing the baby. On the following day Miss Andrews gave a paper on "Accidents and Emergencies, and Miss Wallice demonstrated bed-making, poultices, plasters, etc.

Miss Wallice, of Vancouver, is in Victoria, and will take charge of the Victoria branch of district nursing in that city.

Miss Deacon, who has charge of the training home in Vancouver, purposes holidaying in Victoria, B.C.

Miss Snell, of Vancouver, has accepted a position in Winnipeg on the staff of the V.O. in that city.

Miss Margaret Walker, graduate of Guelph General Hospital, has been doing private nursing for some time in Vancouver. Miss Walker and Miss Scott, graduate of University Hospital, London, England, have recently started a private hospital of ten beds. Medical, surgical and obstetrical cases are received.

### Ontario.

On July 8th, at the Ottawa General Hospital, a quiet celebration was held in honor of Rev. Sister St. Denis. This most capable and devoted nurse has completed her twenty-fifth year in the order of the Sisters of Charity and her many friends were delighted to offer congratulations and best wishes.

Sincere sympathy is extended Miss K. Byrnes (O.G.H.) on the recent death of her younger sister.

Miss I. MacElroy (O.G.H.) is spending the summer vacation with friends in Grenville, Ont.

Miss Turcotte (O.G.H.) is spending a short holiday in London, Ont.

Miss Brockie, graduate of Grace Hospital, Toronto, Class 1898, has left Edmonton and gone to Los Angeles, where she expects to remain for an indefinite time and follow her profession.

Miss Rowan, superintendent of nurses, Grace Hospital, is spending a month's vacation at Grand Rapids.

Miss Cunningham has returned to Toronto after a two months' visit in Saskatoon.

Hamilton—Miss Carrie Dow, who is nurse in charge of a ward in the Woman's Hospital, New York, is spending her vacation with her mother, 10 Stinson St.

Miss Torry, night supervisor of H.C.H., is being relieved for a

month's holiday by Miss Ida Carr, nurse for Ridley College, St. Catharines.

The graduating exercises of the Lady Grey Hospital Training School for Nurses took place June 10th, 1914, at 4 p.m., in the reception hall of the Perley Memorial Building.

Mayor McVeity presided, and the medals and diplomas were presented by Mrs. Crombie, Regent of the Laurentian Chapter, Imperial Order Daughters of the Empire. Addresses were given by Mayor McVeity, Dr. Parent and Mr. Jose A. Macdado, president of the Anti-Tuberculosis Association. Mrs. Crombie was the recipient of a beautiful bouquet of roses.

At the close of the exercises refreshments were served.

Those graduating were: Misses Gertrude Mills, Margaret Refoy, Alice M. Graham.

The first annual "At Home" of the Hotel Dieu nurses, Kingston, was held on Friday evening in the Knights of Columbus Hall. The General Hospital was represented by the house surgeon and superintendent. Miss Donihee, superintendent of nurses at the Hotel Dieu, had everything carefully arranged and much credit is due her for the success attained. The hall was decorated with snowball flowers and otherwise made attractive.

At 9.30 o'clock the event was started and at two o'clock Saturday morning it came to an end. Refreshments were served at midnight.

The patronesses were: Mrs. P. Devlin, Mrs. (Dr.) Mylks and Mrs. J. Swift. Miss Phyllis Devlin sang a solo in a sweet, clear voice. The music was rendered by McAuley and Salsbury's orchestra.

Mrs. H. M. F. Bowman, late of the Berlin and Waterloo Hospital, is taking a course in the Department of Nursing and Health, Teachers' College, Columbia University, New York. In a letter to the editor Mrs. Bowman says: "Columbia is a little town of 4,700 students, 450 in Whittier Hall alone. There are 50 nurses enrolled in different branches of work—administrative, social service, school nursing, insurance nursing, etc. Twice a week we visit hospitals with Miss I. M. Stewart, spending two hours learning new methods, new equipment, etc." Mrs. Bowman finds the work very interesting and, of course, most instructive.

The Ontario School for the Blind, located at Brantford, admits as pupils blinds persons of both sexes, between the ages of seven and twenty-one, without charge for board, tuition or books, but parents are expected to provide clothing and pay traveling expenses. It is a school—not a "home," nor a hospital, nor an asylum—and among the pupils are many who, though not entirely blind, have sight so defective that they cannot receive any education in the ordinary public schools.

If any reader of The Canadian Nurse knows of a child so afflicted, a letter or post card addressed to H. F. Gardiner, Principal O.S.B., Brantford, giving the name and post office of parent or guardian, will help the school to do all the work for which it was established and is maintained by the Government.

### United States

Miss Charlotte P. Moodie, a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, in massage, gymnastics, electro and hydro-therapy, who was formerly in charge of the mechanical department of the Methodist Episcopal Hospital in Brooklyn, and afterwards engaged in private practice, has again been placed in charge of this department at the Methodist Episcopal Hospital, after the resignation of Miss A. F. Tidy, also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., who was recently married.

Mrs. E. S. McCarthy, a graduate nurse of the Friends' Hospital, Frankford, Pa., also a graduate of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia in massage, gymnastics, electro and hydro-therapy, has been engaged by the Saginaw Mechano-Therapy Institute, Saginaw, Mich., conducted by the Misses Ethel and Eva Rea, both graduates of the Penna. Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia.

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### Queen Alexandra's Imperial Military Nursing Service

**Promotions.**

The undermentioned Sister to be Matron: Miss M. M. Blakely.

The undermentioned Staff Nurses to be Sisters: Miss M. E. Medforth, Miss J. H. Congleton.

E. H. BEECHER,
Matron-in-Chief.

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## A TEST.

One of the best tests of finesse in nursing is found in the skillful managing of feminine patients of the highly nervous and extremely "fussy" type, and this type is found in all branches of nursing. The patients are the most difficult to manage, and are exceedingly trying to the nurse.

Here the nurse enters upon a new phase in her work which can be accomplished with success or failure, depending entirely upon the nurse's ability to put into practice the use of intelligent kind-

ness, extreme tact, and fine discretion. This most assuredly calls for all intellect with which any normal human being is naturally endowed.

It is not kindness which humors a patient, because it is the easiest way to shift a little responsibility of one's real duty, but quite the reverse. It has been said by an eminent physician, a specialist in these cases, that confirmed neurasthenics have been produced in just this way. And it only takes a casual observer to see this.

In addition to the mere performing of the simple duties required in the specific treatment of the individual case, it is also necessary to carefully place the patient under a type of which there are usually three, those that are extremely neat in personal habits and characteristics, or the reverse, and the third, which is neither, but just as easily one as the other. Also, it is important to note her little fads and fancies.

If she is of the extremely neat type, her surroundings should be in accordance with this. Enough care cannot be taken in attending to the mere details, which seem so trivial; but there are few instances where they are of more importance. The mere lack of harmony in arranging flowers, the harsh, bright light coming from window shades, and curtains which are at extreme angles from one another, add to the restlessness and "fussiness" of this type of patient. It is the nurse's duty to see that mere details are attended to properly without the geometrical symmetry, so pleasing for the students of higher mathematics, but not for the sick. These duties can be performed without that mechanical manner that predominates the most broadly efficient nurse. The technique and dexterity can be so covered without having a trying effect upon the patient.

And if the patient is of the reverse type of individual, who abhors primness and neatness, the details can be managed with apparent carelessness, yet with a certain neatness which is not so effective. In case of the flowers, for instance, these can be arranged to balance the room nicely, at the same time confusing their colors and varieties.

When the confidence, respect and, perhaps, affection of the patient have been gained, a mere suggestion for her welfare will be readily complied with. In case there is an affection, it must be treated with a fine discretion, and not allowed to become too personal, for upon the physical recovery she must begin to have her mental strength as well, which she cannot have if she is allowed to let that affection weaken her.

Here is an illustration: The wife of a physician, well-known at this particular hospital for her pleasing personality and keen intellect, became a patient of that institution, operated upon for goitre. She was a very frail little lady and extremely nervous. The first three nights after her operation her life was despaired of, and the nurse

knelt by the bed supporting an aching back the greater part of the night. This was repeated until she had passed her crisis, which she did on the third day. True to human nature, she still expected the tiring and difficult back-supporting. The nurse explained kindly that she had recovered from her critical period, and must use her new strength in helping herself a little. The nurse placed her in a most comfortable position, supported the back by a small pillow, which answered the same purpose as the hands did previously, and proceeded to perform another duty of a different nature.

The patient recovered famously. Nothing was left undone for her comfort, and the remembrance of the association was indeed sincerely pleasant for them both. Not very long after the patient was discharged from the hospital, the nurse had occasion to meet this charming little soul in her recovered normal condition. And she disclosed a great confidence, which was as follows: "Do you know, my dear, all through those black, black nights all I could feel, or seemed to know vaguely, was that you were raising me up out of a suction of a whirlpool, and I could feel your spirit fighting with mine. And I wonder if you ever knew? I have tried to tell you many times, but it was so real and new then. Then, when I had realized we had won, I naturally felt dependent on you for all my strength, physically and mentally. And you know it is so very easy for us humans when everyone is right there to spoil one with attentions innumerable. So, here again, I owe you still something else for so quietly and gently returning my self-respect in not allowing me to become as a spoiled child." The nurse answered and explained that all ill persons are as little children, and should be considered as such (secretly), and guided until they are able to guide themselves. Also, that if the little assistance so readily given spiritually was realized and understood, then she was already well paid.

In her inmost thoughts, however, it is something that can never be taken away from her, that is worth more than all the diplomas ever attained. It is the real and true knowledge of helping the soul, as much as caring for its temple, the body.—M. G.

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## UNIVERSITY OF TORONTO PROVISIONAL PROSPECTUS OF COURSES OF TRAINING FOR SOCIAL WORKERS, 1914-1915.

### Courses of Instruction.

The University has undertaken to organize the following provisional courses of instruction for men and women who purpose to engage in various phases of social work. Instruction will be given by lecture courses and discussion courses in addition to supervised field work.

The classes will meet weekly during the academic year. Each course will contain approximately twenty-five hours of instruction.

**Lecture Courses.**

1. Social Economics. Lecturer—Prof. G. I. H. Lloyd, M.A.

The nature of wealth and income. Population and capital in relation to wellbeing. The standard of living. The distribution of wealth and of products. Markets and market economy. Economics of thrift. Competitive wages—modifications by collective action, trade unionism, profit sharing, co-operation. Problems for the reformer. Sweated labor and the minimum wage. Unemployment and the organization of the labor market. Juvenile labor. Workmen's compensation. Factory legislation.

2. Social Psychology. Lecturer—Prof. G. S. Brett, M.A.

The course will embrace those aspects of this subject which are most important for social workers: Primitive mental types, primitive traits, early customs, mythology, superstition, and the survival of these factors in modern civilization. The development and significance of a social or collective psychology. Application of psychological theory to the observation of types, correction of defects of character, recognition of abnormality.

3. Social Ethics. Lecturer—Prof. T. R. Robinson, Ph.D.

Ethical principles and definitions. History of moral concepts in relation to changes of social conditions. Relation of the individual to society. Features of modern society in their ethical aspects. The applicability of ethics to modern problems of conduct.

4. Social Hygiene. Lecturer—Prof. J. A. Amyot, M.B.

The machinery of public health: Federal, provincial, municipal. The definition of disease. Special diseases arising from specific causes, with special reference to transmissible and occupational diseases. Preparation and adulteration of foods, including drugs. Sanitation of buildings: Heating, lighting, ventilating, particularly of schools. Care of the water and milk supply and of the disposal of refuse.

5. The Family and the Community. Lecturer—Mr. A. H. Burnett. (Secretary of the Division of Public Service, Department of Health, Toronto, and Secretary of the Canadian Conference of Charities and Correction.)

Historical and comparative sketch of benevolence. Defects in the family: Physical, industrial, educational, social. Agencies of relief: Public, private, co-operative. The technique of philanthropy: Investigation, plan, application. Methods of administration: Confidential exchange, records, conferences.

6. The Urban Community. Lecturer—N. J. Ware, Ph.D.

(Superintendent of University Settlement, Toronto.)

An analysis of the elements in the structure of an urban community: Industrial, social, administrative. The relationships of these specific factors in the community which present the technical problems of city life and civic administration.

**Special Lectures.**

A special course of at least fifteen lectures upon the Social Settlement will be given by Miss Sarah Libby Carson, who for a number of years has been organizing social, neighborhood and settlement centres in the United States and Canada, and who is at present General Supervisor of Settlement Work for the Presbyterian Church in Canada.

It is expected that during the year arrangements will be made for securing a number of special lecturers of wide experience in social work.

**Discussion Courses.**

1. Charities. Leader—Mr. A. H. Burnett.

Discussion of comparative methods and fundamental principles of work in charity in the broadest sense, particularly in relation to cases which arise in the field work of students.

2. Recreation. Leader—Miss E. B. Neufeld.

(Head Worker of Central Neighborhood House, Toronto.)

To cover all that is recreational from the point of view both of the individual and the community. Neighborhood activities: Playgrounds, social centres, settlements, commercialized amusements. Play for individuals and groups: Folk dancing, pageants, story telling and clay modeling. Organization of recreational institutions: Locality, leadership, equipment.

3. Medical Social Service. Leader—Miss J. Grant.

(Head Social Service Worker, Toronto General Hospital.)

Conferences for discussing problems which arise in medical social cases in connection with visiting, juvenile court work and the relation of crime to disease. Lectures by medical men on social problems. Clinical methods and recording systems.

4. Probation. Leader—N. J. Ware, Ph.D.

Development of the juvenile court. A comparative study of probation systems and methods. Movements on behalf of children: Scouts, big brother and sister, children's self-government organizations. The child and the city: Dependent, defective, delinquent children, child education, child labor, child recreation.

5. Settlement Methods. Leader—Miss Sarah Libby Carson.

The organization and development of a neighborhood centre, and

the adaptation of settlement methods to special needs. The study of methods of organization and administration, the keeping of records, club work and educational classes, camps and extension work. Special attention will be given to neighborhood surveys.

**Field Work.**

Eight hours per week of actual field work in the subjects of each discussion course will be arranged and supervised by the instructors in those courses.

**Plan of Classes.**

Students who take six lecture courses, one discussion course and field work are full-time students. Other students may be admitted as occasional students to the lecture courses only.

Lecture room and reading room accommodation will be provided in the Household Science Building of the University.

Subject to alteration it is probable that lecture courses 1, 2, 3 and 4 will be given on two mornings of the week and numbers 5 and 6 in the late afternoon. Special lectures and the discussion classes will be arranged to suit the needs of the class and the special work. Classes are to be organized during the first week of October.

**Terms of Admission.**

The fee for full-time students is $40, and for occasional students the fee is $5 for each lecture course.

In considering applications for enrolment weight will be given both to educational attainments and to previous practical experience. Applications will be received up till September 15th, 1914.

It is not proposed that a diploma will be granted in connection with this course, but the work of each student will be carefully recorded, and an official report upon it will be furnished at the conclusion of the course.

All communications should be addressed to Mr. E. A. Bott, B.A., University of Toronto, Toronto, Ont.

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## PRACTICAL IDEALS IN NURSING.*

Probably most of us in this audience have in our minds a mental picture of the ideal nurse, even though we might not be able to make that picture clear to others. I have no doubt that the young ladies of the graduating class have also their ideal—perhaps somewhat hazy and undefined, yet an ideal which will certainly influence their future lives. Throughout the months of their training these ideals have been forming, and, farther back than that, a thousand influences have played

*Extract from an address to the graduating class of Kingston General Hospital, May 11th, 1914, by Charlotte A. Aikens, Detroit, Michigan.

a part in the shaping of those ideals. The home, the school, and the church have all helped toward the formation of their ideals, just as surely as the training school they are now leaving.

If I were to try to analyze the ideal nurse, I think I should place at the very top of the list the qualities which I should like my nurse to possess, just the plain everyday quality of being kind. Without that quality, any nurse is very poorly fitted for the care of the sick. I sometimes think we should place a great deal more emphasis in our training schools on the cultivation of everyday kindness than we do, because it is so far-reaching in its influence on a nurse's work and methods of life, and because there is so great a tendency in a nurse's life in a hospital toward mechanical service, or service without heart.

There are the daily lessons in self-repression, which begin with the entrance to the hospital. There is the discipline of silence in the presence of suffering. There is the stern keeping back of tears as she stands in the presence of death. There is the pressure of duties following fast on each other—all of which tend to check the springs of human kindness, necessary though all this discipline seems to be. One of the first things a nurse must learn, if she is to be successful in the truest sense of the word, is to spell SELF with a little S—and this is perhaps the hardest of all lessons to learn.

Besides the danger of mechanical nursing, there is another great danger that nurses both in and out of the hospital need to guard against—the danger of one-sidedness or narrowness, the danger of becoming so absorbed in the daily round of duties that we take no interest in the big things which are being done to make our communities better places to live in, or the big things happening in the world outside. It is right that nurses should regard the unexpected rise in Mrs. Jones' temperature as of more importance for the time than the Mexican situation, or the Panama Canal, or the Canadian navy or railway questions, or Home Rule for Ireland, but it isn't a good thing, when Mrs. Jones' temperature goes down to normal, or when we are off duty, that we still take no interest in world events, or church progress, or community betterment. It isn't a good thing when we allow ourselves to talk about Mrs. Smith and her temperature, or Mrs. Jones and her complications, or what Dr. A. said, or Dr. B. did or did not do or say, at dinner and supper and breakfast, and in our rooms and when we go walking, when we are on the street car, and so on. The nurse who allows herself to drift into this habit is not only narrowing her own life, but she is helping to shorten the period of her working career, because she keeps her brain working in the same rut all the time.

One of the most natural ways that a nurse can use to maintain that poise of soul that she needs, and to keep out of the rut of monotony

of thought and effort, is to maintain her relationship with some church, attend its services as regularly as she can, and try to keep in touch with what her own church is doing at home and in foreign fields. No study that a nurse can engage in will do more to broaden her horizon and quicken her sympathies than a study of the modern acts of the apostles of our own churches who are at work in the foreign fields, or in some difficult section of the home field. I should like to hear that some member of this graduating class had responded to the call for nurses in some foreign field.

Without doubt, some of you who are graduating will, for a time at least, specialize in institutional work. What ideals have we formed regarding the institutional nurse? There are a few things I should like to know about any nurse whom I employed in an institution. One is, can she be depended on to see that the thing ordered to be done, is done, without arguing the point, or wanting to do it some other way, without asking useless questions, or making excuses? Another is, has she learned to control the little unruly member? Will she be loyal to the institution, to its rules and its interests, while she retains her connection with it? And will she treat her subordinates with justice and kindness? We can't help the seniors feeling a little above the juniors, or the juniors taking on little airs of superiority because they happened to enter for training three or six months earlier than some of the probationers—that is just hospital human nature—but we can help those airs of superiority developing into harshness; we can prevent the snubbing of probationers that was so common years ago, and we can radiate that spirit of helpfulness that should permeate every institution for the sick.

Nurses often make the mistake of seeing things only from their side of the situation. They meet in associations and conventions, and discuss the professional side of their work, and often forget the human side. They often fail to consider that the family or the patient is tremendously concerned in this business of nursing, and that their viewpoint should also be considered. On the other hand, let me mention one of the chief problems of private duty nurses, and ask this audience to remember it—it is to get the chance to sleep that they need if they are to keep their health and do their best for their patients. Not long ago a man in my own city, when asking for a private nurse for his wife, specified that they wanted A TWENTY-FOUR-HOUR-NURSE, and he isn't the only man or woman who has made that request. I should not be surprised to have someone whisper in my ear that some Kingston families have been inconsiderate enough to ask, or to have wanted, twenty-four-hour-nurses. It shouldn't be necessary to remind this or any other audience that the Lord hasn't seen fit to create a variety of twenty-four-hour-nurses, or nurses

who can give twenty-four hours of service continuously, however badly it may seem to be needed. A nurse is a woman, made of the very same sort of clay as other women, with a constitution requiring a period of rest, recreation, and refreshment in each twenty-four hours, and no amount of training will change her constitution or make her able to do without sleep.

If you hear of any man or woman in this city asking for a twenty-four-hour-nurse, I hope that you will promptly report him to THE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS, and see that every newspaper in the city is given the story.

These occasions are rightly called commencement exercises—the beginning of the career and discipline to come, rather than the completion of training. The nurses of to-day find a thousand doors opening for them which twenty-five years ago were closed. Opportunity is writ large before the graduates of 1914. Each generation of nurses has its own problems to work out, and there are problems in the nursing world of to-day quite as intricate and perplexing as those which confronted Florence Nightingale more than a half-century ago. She brought order, system, and greater efficiency into the hospitals. What is needed to-day is to bring order and system and efficiency into the whole nursing field outside the hospital, so that the family of wealth, the family of poverty, and the family of moderate means may all be able to secure the service in sickness which their individual case needs. We are very far from accomplishing this to-day.

What is needed in most homes is a combination of the skill of the graduate nurse with the practical utilitarian qualities of the old-time neighborhood or practical nurse, and this we are going to provide when we are wiser. We need a new kind of nurse, or a nurse with a new vision, who will set herself to the task of working out this problem in co-operation with other forces, in every community. Within the last decade, we have seen the evolution of the school nurse, the tuberculosis nurse, and of welfare nurses of various kinds. We are going to give to the nurse of the future this new vision—the vision of the middle-class home as a field for service, and of her rightful place in that field. She will not try to occupy it all, but she will work in it, if we provide the machinery whereby she may the more easily reach those in that field who need her care.

We are going to see for ourselves broader standards of service to the sick—ALL THE SICK—of a community, and study how we may reach that standard. We are not going to drive the practical or untrained nurse from the field, but we are going to direct her work more carefully; we are going to see that she is not sent, unsupervised, to patients who need the most skilled care. We are going to increase her efficiency by proper supervision by graduate nurses. We are going

to evolve community organizations and community nursing centres, whereby the nurses we have labored to train in our hospital schools may be brought to the bedside of every man and woman in the community who needs the skill they are able to supply. We are doing this now in a few places. We are going to continue doing it till we have reached that practical ideal in nursing, whereby all classes of people are given nursing service according to their needs, not according to any cast iron standard or cut-and-dried theory, nor according to the condition of the pocketbooks at the time the sickness came upon them.

This is one great challenge to the nurses of to-day. It calls for the laying aside of petty prejudices; it calls for a deepening of the feeling of the sisterhood of women; it calls for executive ability, resourcefulness, for breadth of vision and human charity, for a greater faith in the possibilities of service in our generation, and for faith in the practical homely qualities of the untrained nurse which this old world cannot, and will not, dispense with. It calls for sacrifice sometimes for quiet heroism which the world will never recognize. Every nurse can do something toward the realization of this great practical ideal in nursing.

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## MARRIAGES.

At Hamilton, Ont., on June 24th, 1914, Miss Lillian Tobias, graduate of Hamilton City Hospital, to Mr. Herbert Jerome Flynn, M.A.

On July 21st, 1914, at Abernethy, Sask., Miss Alice A. Dent, graduate of Grace Hospital, Toronto, to Rev. Mr. Dorey, of Abernethy.

On July 22nd, 1914, at St. Joseph's Rectory, Ottawa, by Rev. Father Collins, Miss Helen Creegan, graduate of Ottawa General Hospital, to Mr. William Hastey, of Ottawa.

On June 24th, 1914, at Toronto, Miss Ethel M. Noble, graduate of Grace Hospital, Toronto, Class '11, to Mr. S. J. Shuttleworth, of Alberta.

On July 29, 1914, Miss Katherine Simpson, of Philadelphia, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, also of the Methodist Hospital, Philadelphia, to Mr. Josiah Thomas Stevenson.

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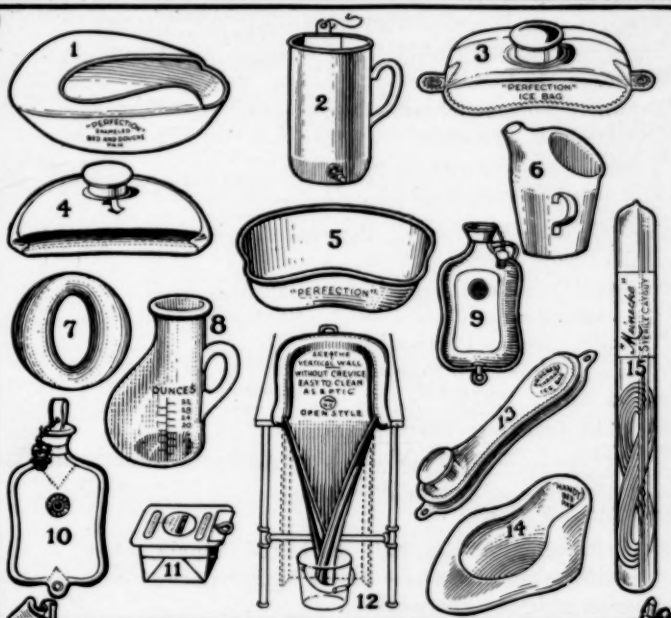


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## HOSPITALS AND TRAINING SCHOOLS OF CANADA.

We regret the error in the information re St. Joseph's Hospital, Port Arthur. This is the correct reading: Superintendent of Nurses, Miss L. Regan; Graduate Nurses on Staff, four Sisters.

### Ontario

HOSPITAL—The General, Cornwall.
Established—1897.
Registered in Toronto—1897, in Albany, N.Y.—1909.
Superintendent of Hospital and Nurses—Miss H. Plewes Stork.
Number of beds—Fifty.
Graduate Nurses on Staff—One.
Pupil Nurses—Twelve.
Term of Training—Three years.
Branches of Training—General.

HOSPITAL—St. Joseph's, Peterboro'.
Established—1888.
Superintendent of Hospital—Sister M. Antoinette.
Superintendent of Nurses—Sister St. Joseph.
Number of beds—Forty-seven.
Graduate Nurses on Staff—Six.
Pupil Nurses—Eight.
Term of Training—Three Years.
Branches of Training—Medical, Surgical and Obstetrical.

HOSPITAL—St. Joseph's, Chatham.
Established—1890.
Superintendent of Hospital—Mother M. Sophia.
Superintendent of Nurses—Sister M. Philomena.
Number of beds—Forty-seven.
Graduate Nurses on Staff—Seven.
Pupil Nurses—Seventeen.
Term of Training—Three years.
Branches of Training—Medical, Surgical, Obstetrical.

HOSPITAL—Lady Grey Tuberculosis Hospital, Ottawa.
Established and Registered—1910.
Superintendent of Hospital—Dr. J. K. M. Gordon.
Superintendent of Nurses—Miss J. K. Argue.
Number of beds—Forty-five.
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